LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Bauon Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Gandin Todd (First)

FOR OFFICE USE ONLY
Postmark Date: 12 CH CH
LSOPP

1041383

	Street and No.	City	State	Zip
MAILING ADDRESS	22375. ALAE	him Ste. 800	B.R. L	A-20808
0	Street and No.	City	State	Zip
4. EMPLOYER S	and tow t	my uc	•	
5. EMPLOYER'S ADDR		alone)	St	77.
	Street and No.	eny	State	Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

SUPPLEMENTAL REGISTRATION FORM



	<u> </u>	
Ada	res	
	езя от ригрозе	
50 <u>1</u> 0	New Representation	
	Does this person pay you?	
IL	, who pays you?	
	Terminated Representation as of	
_		
Na		
	PSS	
Ad		
Ad Bu	ness or purpose	8
Ad Bu	ress	20
Ad Bu	ness or purpose	20

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Rev. 10/2002